

**Thank you for spreading hope!** Your gift stays 100% local and provides care and support for families facing Alzheimer's or another dementia. On behalf of the families we serve, thank you!

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

I would like to make a donation in the amount of:

\$500    \$250    \$100    \$50    \$25    Other: \$ \_\_\_\_\_

How often would you like to donate?

One-time    Monthly    Quarterly    Yearly

Would you like to dedicate your donation?  Yes  No

In honor of    In memory of   Name(s) \_\_\_\_\_

Please send notification to:

Recipient's First & Last Name \_\_\_\_\_

Recipient's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Recipient's Email \_\_\_\_\_

\*If you would like to include a personal note, please write it on the back of this form.

**Please select your payment method:**

My check payable to **Alzheimer's Los Angeles** for \$ \_\_\_\_\_ is enclosed.

Please charge my credit card:    Visa    MasterCard    AmEx    Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_ Today's Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Mail this completed form along with your check (if applicable) to:**

Alzheimer's Los Angeles, ATTN: Development, 4221 Wilshire Blvd, Ste 400, Los Angeles, CA 90010

For questions or help, please contact us at [donate@alzla.org](mailto:donate@alzla.org) or at **(323) 930-6246**.

Alzheimer's Los Angeles is a 501(c)(3) tax-exempt organization (#95-3718119), and your donation may be tax-deductible within the guidelines of U.S. law as a charitable contribution.